U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From	
12432	[]/[]/[3004 Through []/[3]/[3004	
3 Name and address of person filing	4 Name file number and address of labor organization	
NAME ROGER H BETTERWADIU	Name Coment Mason's Local # 528	
	Labor Organization File Number	
PO Box Bldg Room No if any	P O Box Building and Room Number if any	
Street 14675 Interwhen Ave So	Street 14675 Interurbon Auc So	
City Tukwilla	City Takwillo	
State Washington ZIP Code +4 98168	State Wishunton ZIP Code +4 98168	
5 Position in labor organization Rusiness Manager		
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
PO Box Bldg Room No if any		
	7 b Amount.	
Street		
City		
State ZIP Code + 4	Add delication of the second o	
Signature		
15 Signature and verification. The undersigned declares under penalty of submitted in this eport (including the information contained in any accompany undersigned skipwiedge and belief, true correct and complete (See the sec	ing documents) has been examined by the signatory and is to the best of the	
Signed Logs	on 813 05 206-441-9386 Telephone Number	

Name of Person Filing Roger Bettermann		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Cement Masons-Employers Health Welfare & Va  Trade Name If any  P O Box Bldg Room No If any  Street 9848 E Burnside  City Portland  State Oregon ZIP Code + 4 97216-2330	9 Business deals with  A Labor Organize  b Trust  c Employer	ntion		
10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bldg Room No if any  Street  City  State  ZIP Code + 4	Collective Bargain Union and provides  11 b Approximate dollar value 12 a Nature of interest hel Trustee Meeting Bargain (Some expenses are	Fund received contring Agreement with a benefits  ue of such dealing d or income received repenses e first paid by TPA and the such dealing th	\$4 207 037	
	12 b Amount		\$582	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  ZIP Code + 4	14 a Nature of payment.			
13 b is the Business an Employer or Consultant?	14 b Amount of payment.			

Name of Person Filing Roger Bettermann	î	File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

C. Name and address of Dusiness (including trade pages (fam.))	9 Business deals with	
8 Name and address of Business (including trade name if any)		
Name Cement Masons-Employers Pension Trust Fund	a Labor Organization	
Trade Name if any	a Labor Organization	
	b Trust	
PO Box Bldg Room No if any		
Street 9848 E Burnside	C Employer	
City Portland		
State Oregon ZIP Code + 4 97216-2330		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name	Taft-Hartley Trust Fund received co under Collective Bargaining Agreeme	ontributions
	affiliated Union and provides benef	its
Trade Name if any		
P O Box, Bldg Room No if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$2 150 779
	12 a Nature of interest held or income received	
	Trustee Meeting Expenses	
	(Some expenses are first paid by Ti Trust Fund - TPA is Masonry Indust: Administration Inc )	A and billed to cy Trust
	12 b Amount	\$582

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Name of Person Filing Roger Bettermann		File Number U-	
		<u> </u>	

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name OR/SW WA Cement Masons Apprenticeship Traini	a Labor Organization	
Trade Name if any		
PO Box Bldg Room No if any	b Trust	
Street 9848 E Burnside	c Employer	
City Portland		
State Oregon ZIP Code + 4 97216-2330		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Taft Hartley Trust Fund received c under Collective Bargaining Agreem affiliated Union and provides bene	ent with
Trade Name if any		
PO Box Bidg Room No if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$327 942
	12 a Nature of interest held or income received	
	Trustee Meeting Expenses	
	(Some expenses are first paid by T Trust Fund - TPA is Masonry Indust Administration Inc )	PA and billed to ry Trust
	12 b Amount	\$100

Name of Person Filling Rosen Bettermann,	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Di Worting and Associates  Trade Name if any  PO Box Bldg Room No if any  Street 1301 5th Ave Soite 3701  City Scattle  State Wa ZIP Code +4 98101	9 Business deals with  a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Golf outing + lunch	])		
P O Box Bldg Room No if any	Golf outing + lunch appr	oximate		
Street	11 b Approximate dollar value of such dealing	100 00		
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Coment Mesons + Plastevick Returnen Tout  Trade Name if any  PO Box Bldg Room No if any  Street 2815 2nd Aux Skelle 300  City Scattle  State Workington ZIP Code + 4 98 21 - 1203	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employer's name  Name	11 a Nature of such dealing  Trustee Reimbursemen  Educational Meeting	at for		
PO Box Bldg Room No if any	Early 10 Val 1 1 Personal			
Street	11 b Approximate dollar value of such dealing	18.38.		
State ZIP Code + 4	12 a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name If any				
P O Box Bldg Room No if any  Street  City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.			

Name of Person Filing Roger Bettermann	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name If any)  Name Washington Capital Management  Trade Name if any  PO Box Bidg Room No if any  Street 130 5th Au Suite 500  City Scatta  State 12 boh my any ZIP Code +4 (RIO) - Julia	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employer's name  Name	11 a Nature of such dealing Charitable Golf Events			
P O Box Bidg Room No If any				
City ZIP Code + 4	11 b Approximate dollar value of such dealing 779.00			
	12 b Amount			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
P O Box Bldg Room No if any  Street  City  ZIP Code + 4				
13 h is the Business an Employer or Consultant 2	14 b Amount of payment.			

Name of Person Filing Rooper Betterwarm	File Number <b>U</b>			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name (Expert Masons + Plastero Rativisuren') In  Trade Name if any  PO Box Bidg Room No if any  Street 2815 2nd Aue Suite 300  City Scattle  State [10] ZIP Code + 4 [9812] - (30)	a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  PO Box Bidg Room No If any	Deposit and Registration for Educational Meeting			
Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment.			
13 b ts the Business an Employer or Consultant 7	14 b Amount of payment			